

### Biennial Rate Hearing Process Presentation 8.14.20 FAQs

#### 1. How many rate hearings will be held per year?

The new process includes two regularly scheduled rate hearings each fiscal year, in November and May. There will also be limited-scope hearings, and additional rate hearings for critical medical benefits as needed.

### 2. When would a rate hearing occur if the Texas Legislature adopts a rate change that is effective at the beginning of the biennium?

HHSC Provider Finance will hold off cycle hearings as we have in the past, typically in the summer after session (late June/early July) to meet federal or state rate-related requirements.

### 3. How can we get a copy of the PowerPoint from stakeholder meeting held on the August 14<sup>th</sup>, 2020?

A copy of the PowerPoint presentation will be posted on the HHSC Provider Finance (formerly Rate Analysis Department) website by the end of the week with links shared with attendees. In addition, a GovDelivery notice with the same information will be sent out after the presentation is posted.

4. Regarding programs whose rates cannot be adjusted without increased appropriations, did I hear correctly that hearings will be held on these rates anyway, just for informational purposes so that everyone can be on the same page when answering questions from the Legislature and Governor's Office?

Rates that cannot be adjusted without increased appropriations will still be reviewed on a regular schedule going forward. Rates will not necessarily be presented at rate hearings if HHSC determines that rates cannot be modified without legislative input or modified appropriation levels. However, HHSC Provider Finance plans to meet and discuss the results of the rate reviews with stakeholders to facilitate increased transparency about reimbursement rates and the factors that are influencing the modification or maintenance of rates at a current or new level.

5. Will reviews and hearings be conducted twice a year? Even for rates based on cost reports where no new cost reports are available?

Rate hearings will be held twice per year, in May and November, and all rates will be reviewed at least once per two year/biennial cycle. HHSC will not be reviewing every rate twice per year, but instead will review at least once each biennium.

6. While the new process is fairly clear for acute care rates, how it applies to long term services and supports and hospital rates is much more confusing. Can there be separate webinars or stakeholder meetings to explain how these reviews will be conducted?

HHSC is seeking to better align the LTSS and Hospital rate review process with a more formal and transparent review process. In the past, HHSC reviewed rates and provided data as part of the Consolidated Budget Report but was not part of a formal biennial fee

review process. This will incorporate these rates into a more formal schedule/process and will allow for greater transparency and communication with stakeholders regarding methodology and reimbursement levels.

#### 7. Will you be sending the slides to participants? If so, when?

A copy of the PowerPoint presentation will be posted on the HHSC Provider Finance (formerly Rate Analysis Department) website by the end of the week with links shared with attendees. In addition, a GovDelivery notice with the same information will be sent out after the presentation is posted.

# 8. In the August 14<sup>th</sup> stakeholder meeting, I noticed the webinar was being recorded. Will the recording be available/posted on the RAD webpage?

A recording of the webinar will be posted on the website by the end of the week. In addition, a GovDelivery notice with the same information will be sent out after posted.

# 9. Will you be creating a FAQ regarding questions you receive? I think such would be helpful, particularly since you did not allow for Q&A during the webinar.

FAQs will be posted on the Provider Finance website and a link will be sent out to participants as well as through GovDelivery.

## 10. The webinar did not really provide any detailed information as to the benefits for or impact on providers, particularly IDD providers.

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